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APPLICANTS

Matt Andrew Kaltenbach, Cary, NC;

Steven G. Coston, Raleigh, NC;

Robert Anthony Campitello, Kirkville, NY;

** CONTINUING DATA ******S.T.******** FOREIGN APPLICATIONS ******S.T.******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/22/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 11	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>S.T.</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

54472

COATS & BENNETT/SONY ERICSSON

1400 CRESCENT GREEN

SUITE 300

CARY, NC

27511

TITLE

Bluetooth enabled hearing aid

FILING FEE RECEIVED 1656	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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